PTO/SB/17 (10-08) Approved for use through 06/30/2010. OMB 0651-0032

Effective on 12/08/2004.				espond to a collection of information unless it displays a valid OMB control numb Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009						0/576,087	Conf. No.: 6716	
				Filing Date		pril 14, 2006		
						lasaki ISHIBASI	41	
				Tilot (talliou ili Tollio)		ami KHATIB		
Applicant claims small entity status. See 37 CFR 1.27				and the state of t		663		
TOTAL AMOUNT OF PAYMENT (\$) 490.00						1163-0557PUS1		
				Attorney Docke	140.	100-00071 001		
METHOD OF PAYMEN	II (cneck al	tnat apply)						
Check Credit		Money Order	Nor	ne LOther (1	please iden	tify):		
Deposit Account	Deposit Accour	nt Number: 02-2448		Deposit A	count Nam	e: Birch, Stewar	t, Kolasch & Birch, LLP	
For the above-iden	tified deposit	account, the Direct	or is he	reby authorized to	: (check a	II that apply)		
✓ Charge fee(s)) indicated b	elow		Charg	e fee(s) ir	dicated below,	except for the filling fee	
Charge any	additional fee	(s) or underpayme	nts of fe	e(s) Condi	t anv over	navmanta		
under 37 CF	R 1.16 and 1	.17		- D 0.00				
/ARNING: Information on the	is form may be n on PTO-2038	ecome public. Credit i.	card in	ormation should n	ot be inclu	ded on this form.	Provide credit card	
FEE CALCULATION								
. BASIC FILING, SEA	RCH, AND	EXAMINATION I	FEES					
	CH FEES			3				
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissuc	330	165	540	270	650	325		
Provisional	220	110	0	0	0.50	0		
2. EXCESS CLAIM FE		110	U	U	U	U	Small Entity	
Fee Description							Fee (\$)	
Each claim over 20 (including Reissues)							26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims						390	195	
Total Claims	Extra Clair			Pald (\$) 0.00			Dependent Claims	
HP = highest number of total		XX	·=	0.00		Fee (\$)	Fee Pald (\$)	
Indep. Claims	Extra Clair		Fee	Pald (\$)			-	
2 - 3 or HP =	0	_x	=	0.00				
HP = highest number of inde		s paid for, if greatar th	an 3.					
If the specification and	FEE 1 drawings	exceed 100 sheet	s of na	ner (excluding e	lectronic	ally filed sem	ience or computer	
							or each additional 50	
sheets or fraction t	hereof. See	35 U.S.C. 41(a)	(1)(G)	and 37 CFR 1.1	6(s).			
Total Sheets - 100 =	Extra She 0	ets <u>Numbé</u> /50 =		h additional 50 c			ee (\$) Fee Paid (\$) = 0.00	
. OTHER FEE(S)						-	Fees Paid (
Non-English Specif								
Other (e.g., late filir	g surcharge	;): Two (2) month-l	Extension	on of Time			490.00	
JBMITTED BY								
gnature Per	Car	rdle #46.6	01	Registration No. (Attorney/Agent)	10439	Teleph	none 703-205-8000	
ma (Print/Tyrne) D Picha		~~~ 14/4		(Automoy/Agent)		Date	April 22 2011	

this concision information in required by 70 FEF 1.136. The information is required to behind or retain a based by the spide which is to 16 fer day by the USPTO to promote application. Confedentially is powered by 50 U.S. C. 122 and 27 FER 1.14. The included in several test the 50 ministrate to the 40 ministrate of the 10 ministrate of 10 FeF 1.14. The concept in several test the 50 ministrate to extraording upon the individual case. Any comments on the amount of time you require to complete this form enforce vaguesters for requiring this bursten, should be sent to the Chief information Officer. U.S. Patent and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissionor for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.